

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: clee4@honolulu.gov
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 1:20:26 PM
Attachments: [SB 682 Relating to Medical Marijuana.pdf](#)

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Charlene Lee	City & County of Honolulu	Oppose	Yes

Comments: Jennifer Tobin will be testifying for the City

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kalawaiag@hotmail.com
Subject: *Submitted testimony for SB682 on Feb 18, 2015 13:30PM*
Date: Friday, February 13, 2015 8:21:17 PM

SB682

Submitted on: 2/13/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kalawai'a Goo	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: shannonkona@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Saturday, February 14, 2015 8:04:15 AM

SB682

Submitted on: 2/14/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments: Support

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maumagic5711@hotmail.com
Subject: *Submitted testimony for SB682 on Feb 18, 2015 13:30PM*
Date: Saturday, February 14, 2015 4:59:23 PM

SB682

Submitted on: 2/14/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Evans	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ncsugano@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Saturday, February 14, 2015 8:35:50 PM

SB682

Submitted on: 2/14/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jari S.K. Sugano	Individual	Support	No

Comments: SB 682 Chair Green, Vice Chair Wakai and members of the Senate Health Committee, I thank you for this opportunity to provide my personal testimony in strong support of SB682. We support this bill which grants protections for medical cannabis patients to enroll in schools, protection against discrimination in hiring and in housing, protection against being denied custody of children, and protection against being denied other medical care. Discrimination against a person who uses cannabis for his/her, physician verified, medical need must stop. It's time, cannabis patients are treated as equal members of today's society. Thank you for the opportunity to express our strong support for SB682.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ninja01@hawaii.rr.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Sunday, February 15, 2015 12:01:10 AM

SB682

Submitted on: 2/15/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
stuart saito	Individual	Support	No

Comments: I support this bill because no one should be subject to penalties just because they are a medical card holder, its a violation of civil rights and as such no one should be penalized just because they have a medical marijuana card

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bacher.robert@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Sunday, February 15, 2015 2:11:49 PM

SB682

Submitted on: 2/15/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Bacher	Green Futures	Support	No

Comments: This bill will help clear up the grey area that patients are left in currently. It will help people function at the jobs, while helping them keep their jobs.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: gr8tr8@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Sunday, February 15, 2015 2:26:29 PM

SB682

Submitted on: 2/15/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Yoshimoto	Individual	Support	No

Comments: This bill provides sensible protection for patients who rely on cannabis products to maintain quality of life. This medicine provides these patients the ability to remain productive citizens at home and work. Please pass this essential bill to protect these patients.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: slwsurfing@yahoo.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Sunday, February 15, 2015 8:10:50 PM

SB682

Submitted on: 2/15/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
sharon	Individual	Support	No

Comments: Medicine.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



The Public Policy Voice for the Roman Catholic Church in the State of Hawaii

HEARING: Senate Committee on Health, hearing on Wednesday, February 18, 2015 @ 1:30 p.m.
#414

SUBMITTED: February 16, 2015

TO: Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Reservations on SB 682; SB 1019; SB 1291 Relating to Medical Marijuana

If passed, these bills would allegedly “fix” the problem of medical marijuana distribution and the need for dispensaries and/or regulation. **We understand that medicinal marijuana is already legal in the State of Hawaii.; however, we maintain that promoting the use of marijuana (even for medical reasons) will translate for many, especially young people, as permissiveness, with little or no consideration of its ultimate effect on one’s body.** According to the American Medical Association, marijuana is considered a “dangerous drug” and a “powerful intoxicant” that harms one’s mental, physical, academic, and spiritual well-being, promotes irresponsible sexual behavior, encourages disrespect for traditional values, and threatens Hawaii’s youth. This is not what we want for Hawai’i’s keiki.

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency, making distribution of marijuana a federal offense.

Many prescribing physicians for medicinal use of marijuana are arbitrary as to what counts as an authentic medical need so there is no real way for this legislature to make a truly informed decision. Even the American Medical Association’s 527-member House of Delegates decided during its interim meeting in 2013 (National Harbor, Md.), to retain the long-standing position that “cannabis is a dangerous drug and as such is a public health concern.”

Long-term health effects of chronic use, and marijuana’s role as a gateway to the use of other illegal drugs, are serious issues surrounding its use and decriminalization. The Catholic Church cares too much about the family to support this endeavor. Priority legislation should include efforts that strengthen and promote the family, not provide tools to ultimately destroy it.

The Catechism offers useful guidance: “The use of drugs inflicts very grave damage on human health and life” (no. 2291). In 2001, the Vatican’s Pontifical Council for Health Care Ministry issued a pastoral handbook entitled “Church, Drugs, and Drug Addiction.” It extols the virtue of temperance which “disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine” (no. 2290).

Mahalo for the opportunity to submit these comments.



ONLINE TESTIMONY SUBMITTAL

Senate Committee on Health

Hearing on Wednesday, February 18, 2015 @ 1:30 p.m.

Conference Room #414

DATE: February 16, 2015

TO: Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

FROM: Eva Andrade, Executive Director

RE: Reservations on SB 682; SB 1019; SB 1291: Relating to Medical Marijuana

Aloha and thank you for the opportunity to provide comments on medical marijuana and why we have serious concerns about the bills referenced above. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. While we have compassion for people who are ill and are staunch supporters of providing better end of life care for people who are in pain and suffering, we have serious concerns about the expansion of access to medical marijuana and their potential ramifications on the wider community – especially with regards to our keiki.

Although we will leave the discussion as to the regulatory functions and applicability to the legal experts, we do offer these five reasons why we are concerned:

1) Marijuana use, cultivation and dispensing goes against federal law.

Although 23 states (and D.C.) have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)ⁱ, the bottom line remains that **it is still illegal to possess, use or distribute marijuana according to federal law.**

2) Expanded access to marijuana will hurt our keiki.

Once the bridge is built to widen its access and availability, our keiki will be caught in the crossfire. There's a reason marijuana is the most widely used illegal drug in the world – it becomes an addiction. The bottom line is that people can't stop using it once they startⁱⁱ. And once they start, it can become a pathway to other drugs. Even though proponents have tried to dismiss this argument, clinical studies continue to prove otherwise. Medical marijuana use can also hurt a child during his or her mother's pregnancy.ⁱⁱⁱ

3) Medical marijuana opens the door for passage of recreational use of marijuana.

The argument for medical marijuana usually is just a way of opening the door to the recreational use of marijuana. When a state legalizes smoking marijuana for medical purposes, you can expect the next push to be for legalizing recreational marijuana. People of faith may accept the use of drugs for medicinal necessity but we do not understand why we need to flip to the other extreme and treat marijuana like it's a mild, over-the-counter medication. Even the American Medical



Association maintains its position that it [AMA] “shall encourage model legislation that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: “Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States.” (Res 213, I-14) ^{iv}

4) Benefit of smoking marijuana for medical purposes still not proven

The fact remains that there is not enough scientific data to support marijuana’s medical benefits. According to the Whitehouse website, Whitehouse.gov^v, “To date...neither the FDA^{vi} nor the Institute of Medicine have found *smoked* marijuana to meet the modern standard for safe or effective medicine for any condition.” It’s highly unlikely that anyone will be able to prove the substance is entirely safe, because science shows that it is not. As with all drugs, there is always a long list of side effects, warnings, and disclaimers.

5) Hawai’i’s roads could become a testing ground for legal limits

Marijuana use affects driving. It is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims. It is not difficult to conclude that drivers who test positive for marijuana can cause serious automobile accidents. Five years after establishing a “medical” marijuana program, California saw an increase in fatal crashes. The California Office of Traffic Safety (OTS) completed a survey in 2012 that reported more drivers tested positive for drugs that can impair driving (14%) than did for alcohol (7.3%). Of the drugs, marijuana was most prevalent at 7.4%.^{vii} According to the Colorado Department of Transportation, drivers testing positive for marijuana doubled between 2006-2010, following an influx of pot shops and significant increases in registered “medical” marijuana users.^{viii}

Hawaii needs to remain a safe place for families. We hope that you keep these things in mind and not rush into anything until all the problems reported around the country with respect to marijuana are worked out. Mahalo for the opportunity to submit our concerns.

ⁱ Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE: 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam) [Source:

http://www.capitol.hawaii.gov/session2000/status/SB862_his_.htm

ⁱⁱ <http://www.drugabuse.gov/publications/drugfacts/marijuana> (02/05/15)

ⁱⁱⁱ <http://www.livescience.com/42853-marijuana-during-pregnancy-baby-brain.html> (02/05/15)

^{iv} AMA Policy: D-95.976 Cannabis - Expanded AMA Advocacy #4

^v <https://petitions.whitehouse.gov/response/what-we-have-say-about-legalizing-marijuana> (02/05/15)

^{vi} “A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor’s recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Accordingly, FDA, as the federal agency responsible for reviewing the safety and efficacy of drugs, DEA as the federal agency charged with enforcing the CSA, and the Office of National Drug Control Policy, as the federal coordinator of drug control policy, do not support the use of smoked marijuana for medical purposes.” [Source: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108643.htm>]

^{vii} http://unmaskingmarijuana.org/Public_Safety.html (February 6, 2015)

^{viii} <http://kdvr.com/2014/05/15/study-more-marijuana-positive-drivers-involved-in-fatal-car-accidents-in-colorado/>

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: anny@me.com
Subject: *Submitted testimony for SB682 on Feb 18, 2015 13:30PM*
Date: Monday, February 16, 2015 12:54:23 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Turner	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ahuntemer@aol.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 2:24:54 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Huntemer	Individual	Support	No

Comments: Aloha Chair, Vice Chair and Committee Members, I support SB682 because we cannot allow discrimination against people who are taking medical marijuana. Mahalo, Angela Huntemer, North Shore O'ahu.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



Hawaii's Voice for Sensible, Compassionate, and Just Drug Policy

TO: SENATE COMMITTEE ON HEALTH
FROM: PAMELA LICHTY, M.P.H., PRESIDENT

DATE: FEBRUARY 18, 2015, 1:30 p.m., ROOM 414

RE: S.B. 682 RELATING TO MEDICAL MARIJUANA – **IN SUPPORT**

Good afternoon, Chair Green, Vice Chair Wakai, and members of the Committee. My name is Pam Lichty and I'm President of the Drug Policy Action Group (DPAG), the government affairs arm of the Drug Policy Forum of Hawaii.

We strongly support SB 682 which prohibits discrimination against both medical marijuana patients and caregivers in several different important arenas.

As you all know, the Hawaii state legislature was the first policy-making body to authorize the medical use of marijuana in 2000. Prior to that the laws were put into place in four or five states by voter initiative. Since then, some 16 other states plus Washington, D.C. have passed similar, but far more comprehensive measures.

In short, our medical marijuana statute has become antiquated, as other states have leapfrogged ahead of us in terms of the services they offer to patients (e.g. dispensaries) and the civil protections they provide.

SB 682 offers a fairly comprehensive series of protections. They deal with employment and housing discrimination, discrimination by schools, courts, licensing boards, and also protect both medical and parental rights.

The bottom line is that registered medical cannabis patients and caregivers who are complying with our existing state law should not have to fear that their status will jeopardize their jobs, their education, their parental rights or their right to necessary medical care.

It's time to modernize our medical marijuana law as many other jurisdictions have done. We urge this committee to move S.B. 682 on to the Judiciary Committee today so that this important and necessary discussion can continue. Mahalo for hearing this measure today and for giving us the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: keaaunani@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 3:57:57 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Sally Waitt	Individual	Support	No

Comments: Strongly support the following bills: SB682, SB596, SB1019, and SB1291
I URGE YOUR PASSAGE OF THESE BILLS. OUR COMMUNITY (STATE) NEEDS THIS TO BE LEGAL FOR THE PROTECTION OF OUR FAMILIES---
PARTICULARLY WHEN NEED ARISES FOR THE HEALTH BENEFITS OF MEDICAL MARIJUANA! MAHALO FOR YOUR HELP!!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: georgina808@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 5:08:46 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Georgina Mckinley	Individual	Support	No

Comments: I support SB682 as it would grant some protections that medical cannabis patients in other states already have, such as protections against discrimination in education, hiring, housing, protection against being denied custody of children, and protection against being denied other medical care, such as organ transplants, on the grounds of being a medical cannabis patient. Medical cannabis patients should be treated with the same compassion and humanity with which we treat patients who use other medicines.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bain@kauai.net
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 6:32:29 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
CAROL BAIN	Individual	Support	No

Comments: To: COMMITTEE ON HEALTH Senator Josh Green, Chair Senator Glenn Wakai, Vice Chair RE: – SB682 – Relating to the Medical Use of Marijuana Hearing: DATE: Wednesday, February 18, 2015 TIME: 1:30PM PLACE: Conference Room 414, State Capitol, 415 South Beretania Street Position: Support Aloha Senators Josh Green and Glenn Wakai and Committee: This legislation SB 682, shows the clear intent to treat medical cannabis patients with the same compassion and humanity with which we treat patients who use other medicine. Please support SB 682. Mahalo for your time and attention to this important matter.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: koonceleah@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 7:30:25 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Leah M. Koonce	Individual	Support	No

Comments: I am submitting testimony in support of this bill because I would like to see the discrimination of medical marijuana use stop. Medical marijuana needs to be accepted like any other legally prescribed medication. The use of legal medical marijuana should not be grounds for non admittance to any school, employment opportunity, or rental property. Medical marijuana use should not be a deciding factor for a person needing an organ transplant or any other medical procedures. Marijuana is medicine. Medication should not be part of child custody hearings, visitation rights, parenting time, and definitely should not be the basis of neglect or child endangerment charges. Other legal medications are not treated as such. Marijuana is medicine. Thank You. Leah M Koonce (808)561-9521 85-638 Farrington hwy Waianae, Hawaii 96792

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 8:27:01 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments: As this bill is about prohibiting discrimination, we must be careful not to discriminate against patients whose primary care providers are APRNs. APRNs in Hawaii are recognized by law as primary care providers who can assess, diagnose, treat and evaluate outcomes. They can also prescribe legend and controlled medications. They are more than capable of certifying to the state that their patient does or does not have a condition listed by the state as being applicable for treatment with medicinal cannabis. This is not a skill limited only to physicians. Mahalo for all you do for the people of our great state. Wailua Brandman APRN FAANP Ke`ena Mauiola Nele Paia LLC

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: alohilani7@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 9:39:19 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Alohilani Hue Sing	Individual	Comments Only	No

Comments: Please support SB682. This bill grants many protections that medical cannabis patients in other states have already, such as protections against discrimination in education, hiring, housing, protection against being denied custody of children, and protection against being denied other medical care, such as organ transplants, on the grounds of being a medical cannabis patient. While this is a broad bill, it is worth noting that much of the language is already in effect in other states, such as Arizona. Medical cannabis patients are obeying the law, and should not have to fear for their jobs, their housing, their education, or their families. More specifically: Hawaii's medical marijuana law allows patients to have and use medical cannabis, but it does not give them any real protection against civil liability or discrimination, and in this way it is sorely behind the times. Most recent medical cannabis programs include some protections against the civil penalties and discrimination that can be as harmful as criminal prosecution for patients. Patients can still be denied housing, despite recent improvements to housing protections for patients. Patients can be denied visitation with their children solely on the grounds of their legal medication. Patients can be expelled from school, or denied admission to educational programs. Patients can be denied life-saving transplants solely on the grounds of their medical cannabis use and have been! This bill may not fix all of these problems immediately, because it allows exceptions for institutions that would lose "a monetary- or licensing-related benefit under federal law or regulation." Still, this shows the clear intent to treat medical cannabis patients with the same compassion and humanity with which we treat patients who use other medicine.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jmlandes@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 9:39:23 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Landes	Individual	Support	No

Comments: Please support SB 682. People should not be able to discriminate against a medical marijuana patient. Medical marijuana patients are using medication prescribed by their doctors for their individual medical conditions. Just as we would never discriminate against a person for having asthma or diabetes, or for needing to take antibiotics or blood-thinners, we should likewise not discriminate against a person with severe medical conditions requiring them to use medical marijuana.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: edwardcoll@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Monday, February 16, 2015 9:44:58 PM

SB682

Submitted on: 2/16/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Edward Coll	Individual	Support	No

Comments: This bill grants many protections that medical cannabis patients in other states have already, such as protections against discrimination in education, hiring, housing, protection against being denied custody of children, and protection against being denied other medical care, such as organ transplants, on the grounds of being a medical cannabis patient. While this is a broad bill, it is worth noting that much of the language is already in effect in other states, such as Arizona. Medical cannabis patients are obeying the law and should not have to fear for their jobs, their housing, their education, or their families. More specifically: Hawaii's medical marijuana law allows patients to have and use medical cannabis, but it does not give them any real protection against civil liability or discrimination, and in this way it is sorely behind the times. Most recent medical cannabis programs include some protections against the civil penalties and discrimination that can be as harmful as criminal prosecution for patients. Patients can still be denied housing, despite recent improvements to housing protections for patients. Patients can be denied visitation with their children solely on the grounds of their legal medication. Patients can be expelled from school, or denied admission to educational programs. Patients can be denied life-saving transplants solely on the grounds of their medical cannabis use and have been! This bill may not fix all of these problems immediately, because it allows exceptions for institutions that would lose "a monetary or licensing-related benefit under federal law or regulation." Still, this shows the clear intent to treat medical cannabis patients with the same compassion and humanity with which we treat patients who use other medicine.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: shannonkona@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 3:33:07 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments: Support

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: drsusott@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 9:01:49 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Susott, MD, MPH	Individual	Support	No

Comments: I strongly support this bill to protect patients. I support removing all criminal penalties involving cannabis. The criminalization of cannabis has cost many lives and enforcement is much more costly and dangerous than the plant itself. Cannabis has been with people for thousands of years, since the dawn of agriculture, and NO deaths have been attributed to it. Hawaii suffers under more layers of organized crime than many places and it is time to remove criminal penalties for cannabis. If you're on the wrong side of this if due, you are either uninformed, which is scary in government, or you're a crook, which is scarier.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: spikedelic@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 10:23:44 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Park	Individual	Support	No

Comments: I support this bill.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB682 on Feb 18, 2015 13:30PM*
Date: Tuesday, February 17, 2015 11:03:23 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: wendygibson9@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 11:22:44 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Support	No

Comments: Dear Senate Chair Green, Vice Chair Wakai and Committee members, Medical Marijuana patients face discrimination in many arenas. This bill would help remove some of these discriminatory practices and therefore I strongly support this bill. Thank you, Wendy Gibson R.N.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: alternativepainmanagementclub@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 11:29:03 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Ruggles	Alternative Pain Management Pu`uhonua LLC	Support	No

Comments: I support SB 682. Offering medical cannabis patients the same rights as other individuals who have made different private decisions with their doctors concerning medication is long over due and a move in the right direction. This is a crucial step towards medical cannabis patients having equality under the law and discouraging the second class treatment of this community of people. I would like to see the the affirmative defense involving the medical use of marijuana for any prosecution involving marijuana, changed to a bar to prosecution. The affirmative defense is problematic as no one gets charged with violating HRS 329 Medical use of Marijuana law, but instead they are charged with violating HRS 712 and thus do not even get to bring up in court that they are certified for the medical use of marijuana. A bar to prosecution is the protection afforded to prescribing physicians and is also appropriate for qualifying patients participating in and strictly complying with the medical use of marijuana program.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



Hawaii's voice for sensible, compassionate, and just drug policy

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Wednesday, February 18, 2015
1:30PM

Conference Room 414
State Capitol
415 South Beretania Street

Executive Director Rafael Kennedy in strong support – SB682 – Relating to the the Medical Use of Marijuana

Aloha Chair Green, Vice Chair Wakai, and members of the committee, Mahalo for taking the time to hear this bill. As you may know, Hawaii's medical marijuana law allows patients to have and use medical cannabis, but it does not give them any real protection against civil liability or discrimination, and in this way it is sorely behind the times. Most recent medical cannabis programs include some protections against the civil penalties and discrimination that can be as harmful as criminal prosecution for patients.¹

- Patients can still be denied housing, despite recent improvements to housing protections for patients. Especially in Hawaii, housing is a core issue, both for individuals and families.
- Patients can be denied visitation with their children solely on the grounds of their legal medication. Fears about losing custody, losing parenting time, and losing the chance to play a role in the lives of children are critical for many people, and we hear often from patients who are worried about neighbors threatening to call Child Protective Services. The fact is that many medical cannabis patients are

¹ See the attached document from the Marijuana Policy Project outlining the state of civil protections for medical cannabis patients in various states.

excellent parents, and their status alone should not be enough to cause them to lose their children.

- Patients can be expelled from school, or denied admission to educational programs.
- Patients can be denied life-saving transplants solely on the grounds of their medical cannabis use and have been! There have been many incidents of this throughout the country, including a Big Island resident named Kimberley Reyes who lost her life to hepatitis after being denied a liver transplant in 2009 because of having cannabis in her system.^{2 3} This is truly unconscionable. In many cases, medical cannabis is used precisely because it is not hepatotoxic.

This bill may not fix all of these problems immediately, because it allows exceptions for institutions that would lose "a monetary- or licensing-related benefit under federal law or regulation." Still, this shows the clear intent to treat medical cannabis patients with the same compassion and humanity with which we treat patients who use other medicine.

In the past, the chair has expressed a concern that patients may make decisions about medical marijuana for non-medical reasons. We sincerely urge this committee to reinforce the fact that medical marijuana is a medical decision by passing this bill. This will be a step toward a situation where patients can choose their medicine on the basis of what is safe and effective, rather than on fears of discrimination and reprisal. We sincerely thank the committee for its time and consideration in this matter, Mahalo.

Rafael Kennedy
Executive Director,
Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawai'i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

2 Chelsea Jensen. "Marijuana Use May Have Cost Big Island Woman a Life-Saving Liver Transplant." *Honolulu Advertiser*. August 9, 2009. <http://the.honoluluadvertiser.com/article/2009/Aug/09/br/hawaii308090006.html>.

3 Belville, Russel. "The Denial of Organ Transplants to Medical Marijuana Patients." *The Huffington Post*. Accessed February 16, 2015. http://www.huffingtonpost.com/russ-belville/the-denial-of-organ-trans_b_435348.html.



Marijuana Policy Project
 P.O. Box 77492
 Washington, DC 20013
 p: (202) 462-5747 • f: (202) 232-0442
 info@mpp.org • www.mpp.org

“We change laws.”

Medical Marijuana Laws and Civil Protections

This chart reviews medical marijuana laws’ language that *may* support claims for civil protections, such as protections from discrimination in housing, employment, child custody cases, or enrollment in a college. It also includes known court cases related to civil protections and explicit limitations on those protections in the laws. In addition to the medical marijuana laws’ text, other state laws may provide some civil protections, and those are generally not discussed in this memo. This chart does not include information about protections for physicians.

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Alaska	None known.	Alaska Stat. § 17.37.030 (b) “Except as otherwise provided by law, a person is not subject to arrest, prosecution, or penalty in any manner for applying to have the person’s name placed on the confidential registry maintained by the department under AS 17.37.010.”	Alaska Stat. § 17.37.030 (d) “Nothing in this chapter requires any accommodation of any medical use of marijuana (1) in any place of employment ...”
Arizona	None known.	Ariz. Rev. Stat. § 36-2811 (B) says registered patients and caregivers are not “subject to ... penalty in any manner, or denial of any right or privilege, including any civil penalty or disciplinary action by a court or occupational or professional licensing board ...” for the permissible conduct. § 36-2813 prohibits discrimination by schools, landlords, and employers, as well as discrimination in respect to organ transplants, other medical care, and custody and visitation, unless an exception applies. Employers generally cannot penalize patients for a positive drug test for marijuana “unless the patient used, possessed or was impaired by marijuana at or during work.” Per §36-2805, nursing homes, assisted living centers, and similar facilities generally “may not unreasonably limit a registered qualifying patients’ access to or use of marijuana authorized under this chapter.”	The prohibitions on discrimination by employers, landlords, schools, and assisted living facilities do not apply if “failing to [penalize the cardholder] would cause the [entity] to lose a monetary or licensing related benefit under federal law or regulations.” The law also does not allow anyone to undertake “any task under the influence of marijuana when doing so would constitute negligence or professional malpractice.” HB 2541 (2011) allows employers to take actions based on “good faith” beliefs about employee impairment. HB 2349 (2012) bans the use of marijuana on college campuses and vocational schools. The restrictions the legislature passed might be challenged as illegal meddling with an initiative under the Voter Protection Act.

NOTE: This is not intended for or offered as legal advice. It is for informational and educational purposes only.

Updated September 2014

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
California	In <i>Ross v. Ragingwire</i> , the state Supreme Court ruled that the law does not protect patients from firing for testing positive for metabolites. It noted that the legislature could enact such protections. The legislature did so in 2008, passing AB 2279, but the bill was vetoed.	In the introduction, voters declared their intent “[t]o ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes” and to “ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.” (Calif. Health & Safety Code § 11362.5 (b))	Calif. Health & Safety Code § 11362.785 (a) provides “Nothing in this article shall require any accommodation of any medical use of marijuana on the property or premises of any place of employment or during the hours of employment or on the property or premises of any jail, correctional facility, or other type of penal institution in which prisoners reside or persons under arrest are detained.”
Colorado	The Colorado Court of Appeals ruled against a medical marijuana patient who was denied unemployment after he was fired for testing positive for marijuana. (<i>Beinor v. Industrial Claim Appeals Office</i>). In April 2013, it also ruled against Brandon Coats, a paralyzed patient who sued DISH for terminating him for off-hours medical marijuana use.	Colo. Rev. Stat. § 25-1.5-106 (8) says "the use of medical marijuana is allowed under state law" to the extent it is carried out in accordance with the state constitution, statutes, and regulations. Patients and caregivers may be protected by the state’s “Lawful Off-Duty Activities Statute,” which protects employees from being penalized for legal outside-of-work behavior.	Col. Const. Art. XVIII, § 14. (10) (b) specifies “Nothing in this section shall require any employer to accommodate the medical use of marijuana in any work place.”
Connecticut	None known.	The law says patients and caregivers should not be “denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board” for the permitted conduct. It also includes protections from discrimination based on one’s status as a patient or caregiver by landlords, employers, and schools.	The protections from discrimination by landlords, schools, and employers include an exception for if it is “required by federal law or required to obtain federal funding.” The law does not “restrict an employer's ability to discipline an employee for being under the influence of intoxicating substances during work hours.” Patients cannot use marijuana on any school grounds, including in dorms or other college property.

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Delaware	None known.	16 Del. Code §4903A (a-b) says registered patients and caregivers are not “subject to ... denial of any right or privilege, including but not limited to civil penalty or disciplinary action by a court or occupational or professional licensing board or bureau ...” for the permissible conduct. §4905A (a-b) prohibits discrimination by schools, landlords, and employers, as well as discrimination in respect to organ transplants, other medical care, and custody or visitation, unless an exception applies. Employers generally cannot penalize patients for a positive drug test for marijuana unless the patient “used, possessed, or was impaired by marijuana on the premises of the place of employment or during the hours of employment.”	16 Del. Code §4904(A) and 4905A (a-b) provide limitations on the protections. The prohibitions on discrimination by employers, landlords, and schools do not apply if “failing to [penalize the cardholder] would cause the [entity] to lose a monetary or licensing-related benefit under federal law or regulation.” §4904A (a) provides that the chapter does not allow anyone to undertake “any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice.”
District of Columbia	None known.	D.C. Code § 7-1671.02 provides “(a) Notwithstanding any other District law, a qualifying patient may possess and administer medical marijuana, and possess and use paraphernalia, in accordance with this act and the rules issued pursuant to section 14.”	D.C. Code § 7-1671.03 says “Nothing in this act permits a person to: (1) Undertake any task under the influence of medical marijuana when doing so would constitute negligence or professional malpractice ...”
Hawaii	None known.	Haw. Rev. Stat. § 329-122 states: “Notwithstanding any law to the contrary, the medical use of marijuana by a qualifying patient shall be permitted only if: ...”	Haw. Rev. Stat. § 329-122 (c) provides: “The authorization for the medical use of marijuana in this section shall not apply to: ... (2) The medical use of marijuana: ... (B) In the workplace of one’s employment ...”
Illinois	None known.	Schools, employers, and landlords cannot refuse to enroll, lease to, or otherwise penalize someone for his or her status as a registered patient or caregiver, unless failing to do so would create an issue with federal law, contracts, or licensing. (Sec. 40, HB 1, 2013). Patients' authorized use of marijuana cannot disqualify a person from receiving organ transplants or other medical care and will not result in the denial of custody or parenting time, unless the patient’s actions created an unreasonable danger to the minor's safety. (Sec. 40)	Landlords may prohibit the smoking of cannabis on the rented premises. (Sec. 40) Schools, employers, and landlords, may penalize a person for their status as a patient or caregiver if "failing to do so would put the school, employer, or landlord in violation of federal law or unless failing to do so would cause it to lose a monetary or licensing-related benefit under federal law or rules." (Sec. 40) The law does not "prohibit an employer from enforcing a policy concerning drug testing, zero-tolerance, or a drug free workplace provided the policy is applied in a nondiscriminatory manner." (Sec. 50, which also includes other limitations on employers' liability.)

State	Court Cases Or Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Maine	In early 2013, the ACLU of Maine filed suit on behalf of Brittany Thomas, a patient who was fired from Adecco Group North America after testing positive for marijuana. The case is still pending.	Me. Rev. Stat. Ann. tit. 22, § 2423-E provides that persons whose conduct is authorized by the law “may not be denied any right or privilege or be subjected to arrest, prosecution, penalty or disciplinary action.” It also provides, “A school, employer, or landlord may not refuse to enroll or employ or lease to or otherwise penalize a person solely for that person’s status as a qualifying patient or a primary caregiver” unless an exception applies. It provides, “A person may not be denied parental rights and responsibilities with respect to or contact with a minor child ...” unless the person’s behavior is contrary to the best interests of the child.	The protections from discrimination by employers, landlords, and schools do not apply if “failing to [penalize the person] would put the school, employer, or landlord in violation of federal law or cause it to lose a federal contract or funding.” Maine’s law also does not prohibit a restriction “on the administration or cultivation of marijuana on [rented] premises when that administration or cultivation would be inconsistent with the general use of the premises.” It “does not permit any person to: Undertake any task under the influence of marijuana when doing so would constitute negligence or professional malpractice or would otherwise violate any professional standard ...” The law does not require “An employer to accommodate the ingestion of marijuana in any workplace or any employee working while under the influence of marijuana.”
Maryland	None known.	Md. Code Ann. § 13-3313 protects qualifying patients, caregivers, certifying physicians, licensed growers, licensed dispensaries, academic medical centers, those entities’ staff, and hospitals or hospices that are treating a qualifying patient from “any civil or administrative penalty, including a civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege” when acting in accordance with the law.	Md. Code Ann. § 13-3314(a)(1) provides that the law does not allow anyone to “[undertake] any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice.” § 13-3314(a)(5) allows landlords and condominiums to restrict marijuana smoking.
Massachusetts	None known.	Sec. 1 provides, “The citizens of Massachusetts intend that there should be no punishment under state law for qualifying patients, physicians and health care professionals, personal caregivers for patients, or medical marijuana treatment center agents for the medical use of marijuana, as defined herein.” The law also says that persons meeting its requirements shall not be “penalized under Massachusetts law in any manner, or denied any right or privilege.”	Sec. 7 provides, “Nothing in this law requires any accommodation of any on-site medical use of marijuana in any place of employment, school bus or on school grounds, in any youth center, in any correctional facility, or of smoking medical marijuana in any public place.”

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Michigan	On Sept. 19, 2012, the federal appellate court for the sixth district ruled against sinus cancer survivor Joe Casias, who sued Wal-Mart for terminating his employment for failing a drug test.	Mich. Comp. Laws § 333.26424 (a) provides that those abiding by the act cannot be subject to “arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau” for actions allowed by the law. Sec. 4 (c) provides, “A person shall not be denied custody or visitation of a minor for acting in accordance with this act, unless the person's behavior is such that it creates an unreasonable danger to the minor that can be clearly articulated and substantiated.”	Mich. Comp. Laws § 333.26424 provides “(b) This act shall not permit any person to do any of the following: ... (1) Undertake any task under the influence of marihuana, when doing so would constitute negligence or professional malpractice. ... (c) Nothing in this act shall be construed to require: ... (2) An employer to accommodate the ingestion of marihuana in any workplace or any employee working while under the influence of marihuana.”
Minnesota	None known.	Minn. Code Ann. § 152.32 subd. 3 provides that unless an exception applies, an individual’s status as a registered medical marijuana patient may not be used: 1) by schools as a reason to refuse enrollment; 2) by landlords as reason to refuse to lease to the person; 3) by employers as a reason to refuse to hire or as a reason to terminate employment; or 4) as a reason to deny custody or visitation rights. An employer generally cannot discriminate against a patient based on a failed drug test for marijuana.	The law does not require accommodation if it would violate federal law or regulations, or cause the entity to lose a federal licensing or monetary benefit. Employers may punish patients if they are impaired at work or possess marijuana at work. In addition, Minn. Code Ann. § 152.23 provides that patients may face civil penalties for undertaking a task under the influence of marijuana that would constitute negligence or professional malpractice.
Montana	In 2009, the Montana Supreme Court upheld the dismissal of a patient who tested positive for marijuana metabolites in <i>Johnson v. Columbia Falls Aluminum</i> . The decision is a memorandum opinion, and is not binding precedent on other cases.	Mont. Code Ann. § 50-46-201 provides that those abiding by the act “may not be arrested, prosecuted, or penalized in any manner or be denied any right or privilege, including but not limited to civil penalty or disciplinary action by a professional licensing board or the department of labor and industry” for the medical use of marijuana in accordance with the act.	The law does not require employers to accommodate medical marijuana use, a school to allow patients to participate in extracurricular activities, or a landlord to allow medical marijuana cultivation or use. Employers may prohibit medical marijuana, and it does not provide a cause of action for discrimination. Cultivate requires the landlord’s written permission. (Mont. Code Ann. § 50-46-320 and 50-46-307)

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Nevada	None known.	<p>Nev. Rev. Stat. § 453A.510 “A professional licensing board shall not take any disciplinary action against a person licensed by the board” for engaging in the medical use of marijuana or acting as a caregiver. An employer must “attempt to make reasonable accommodations for the medical needs of an [employee who is a registered patient] provided that such reasonable accommodation would not:</p> <ul style="list-style-type: none"> (a) Pose a threat of harm or danger to persons or property or impose an undue hardship on the employer; or (b) Prohibit the employee from fulfilling any and all of his or her job responsibilities.” § 453A.800 	<p>Nev. Rev. Stat. § 453A.800 “The provisions of this chapter do not: ... Require any employer to allow the medical use of marijuana in the workplace. 3. Require an employer to modify the job or working conditions of a person who engages in the medical use of marijuana that are based upon the reasonable business purposes of the employer ...” with the limitations listed in the previous column.</p>
New Hampshire	None known.	<p>"For the purposes of medical care, including organ transplants, a qualifying patient’s authorized use of cannabis in accordance with this chapter shall be considered the equivalent of the authorized use of any other medication used at the direction of a provider, and shall not constitute the use of an illicit substance." (N.H. Rev. Stat. Ann. 126-W:2 (VII)) “A person otherwise entitled to custody of, or visitation or parenting time with, a minor shall not be denied such a right solely for conduct allowed under this chapter, and there shall be no presumption of neglect or child endangerment.” (RSA 126-W:2 (VII))</p>	<p>“Nothing in this chapter shall be construed to require: ... Any accommodation of the therapeutic use of cannabis on the property or premises of any place of employment ... This chapter shall in no way limit an employer’s ability to discipline an employee for ingesting cannabis in the workplace or for working while under the influence of cannabis." (N.H. Rev. Stat. Ann. 126-W:3 (III))</p>

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
New Jersey	None known.	N.J. Rev. Stat. § 24:6I-2 (e) states "... the purpose of this act is to protect from arrest, prosecution, property forfeiture, and criminal and other penalties, those patients who use marijuana to alleviate suffering from debilitating medical conditions, as well as their physicians, primary caregivers, and those who are authorized to produce marijuana for medical purposes." § 24:6I-6 (b) provides that patients, caregivers, and others acting in accordance with the law "shall not be subject to any civil or administrative penalty, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by a professional licensing board, related to the medical use of marijuana."	N.J. Rev. Stat. § 24:6I-14 "Nothing in this act shall be construed to require ... an employer to accommodate the medical use of marijuana in any workplace."
New Mexico	In August 2014, a physician's assistant named Donna Smith filed suit against Presbyterian Healthcare Services after she was reportedly fired for testing positive for marijuana. The case has not been decided..	N.M. Stat. § 26-2B-4 (4) (a) provides that qualified patients "shall not be subject to arrest, prosecution or penalty in any manner for the possession of or the medical use of cannabis if the quantity of cannabis does not exceed an adequate supply."	N.M. Stat. § 26-2B-5(A) "Participation in a medical use of cannabis program by a qualified patient or primary caregiver does not relieve the qualified patient or primary caregiver from: ... (3) criminal prosecution or civil penalty for possession or use of cannabis: ... (c) in the workplace of the qualified patient's or primary caregiver's employment ..."
New York	None known.	Patients, caregivers, and dispensaries' staff may not be "subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau" for actions allowed by the medical marijuana law. Being a medical marijuana patient is considered a disability for purposes of the state's anti-discrimination laws. Finally, patients are protected from discrimination in family law and domestic relations cases. (N.Y. Pub. Health § 3369)	N.Y. Public Health Law Art. 33 Title 5-A Section 3362 provides that "possession of medical marihuana shall not be lawful under this title if it is smoked, consumed, vaporized, or grown in a public place." "A certified medical use does not include smoking." (N.Y. Public Health Law Art. 33 Title 5-A Section 3360)

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Oregon	In April 2010, the Oregon Supreme Court ruled in <i>Emerald Steel v. BOLI</i> that patients are not protected from being fired for testing positive for metabolites.	Or. Rev. Stat. § 475.302 (10) reads “Registry identification card” means a document issued by the authority that identifies a person authorized to engage in the medical use of marijuana and the person’s designated primary caregiver, if any.” § 475.328 “(1) No professional licensing board may impose a civil penalty or take other disciplinary action against a licensee based on the licensee’s medical use of marijuana in accordance with the provisions of ORS 475.300 to 475.346 or actions taken by the licensee that are necessary to carry out the licensee’s role as a designated primary caregiver to a person who possesses a lawful registry identification card.”	Or. Rev. Stat. provides § “Nothing in ORS 475.300 to 475.346 shall be construed to require: ... (2) An employer to accommodate the medical use of marijuana in any workplace.”
Rhode Island	None known.	R.I. Gen. Laws § 21-28.6-4 (a) and (c) provide that patients and caregivers abiding by the act “shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau” for the medical use of marijuana. § 21-28.6-4 (c) provides, “No school, employer, or landlord may refuse to enroll, employ, or lease to or otherwise penalize a person solely for his or her status as a cardholder.” § 21-28.6-4 (n) provides, “For the purposes of medical care, including organ transplants, a registered qualifying patient's authorized use of marijuana shall be considered the equivalent of the authorized use of any other medication used at the direction of a physician, and shall not constitute the use of an illicit substance.”	R.I. Gen. Laws § 21-28.6-7 states “(a) This chapter shall not permit: (1) Any person to undertake any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice ...” and “(b) Nothing in this chapter shall be construed to require: ... (2) An employer to accommodate the medical use of marijuana in any workplace.”

State	Court Decisions	Language Most Relevant to Civil Protections	Limitations Related to Civil Protections
Vermont	None known.	The explicit patient and caregiver protections in the medical marijuana law are from criminal penalties, “A person who has in his or her possession a valid registration card issued pursuant to this subchapter and who is in compliance with the requirements of this subchapter ... shall be exempt from arrest or prosecution under subsection 4230(a) of this title.” (Vt. Stat. Ann. tit. 18, § 4474b.)	Vt. Stat. Ann. tit. 18, § 4474c. provides “(a) This subchapter shall not exempt any person from arrest or prosecution for: (1) Being under the influence of marijuana while: ... (B) in a workplace or place of employment; or ... (2) The use or possession of marijuana by a registered patient or a registered caregiver: ... (B) in a manner that endangers the health or well-being of another person.”
Washington	In <i>Roe v. Teletech Customer Care Management</i> , the Washington State Supreme Court ruled in favor of an employer who was sued after terminating a medical marijuana patient. The ruling was issued on June 9, 2011.	Medical marijuana cannot be the “sole disqualifying factor” for an organ transplant unless it could cause rejection or organ failure, though a patient could be required to abstain before or during the transplant. (Wash. Rev. Code § 69.51A.110) The law also limits when parental rights and residential time can be limited due to the medical use of marijuana. (§ 69.51A.120)	“Nothing in this chapter requires any accommodation of any on-site medical use of cannabis in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking cannabis in any public place or hotel or motel.” (Wash. Rev. Code § 69.51A.060(4).) An employer explicitly does not have to accommodate medical marijuana if it establishes a drug-free workplace. (§ 69.51A.060 (6))

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: brentneal@live.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 11:38:45 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Brent Neal	Individual	Support	No

Comments: I support SB 682. Offering medical cannabis patients the same rights as other individuals who have made different private decisions with their doctors concerning medication is long over due and a move in the right direction. This is a crucial step towards medical cannabis patients having equality under the law and discouraging the second class treatment of this community of people. I would like to see the the affirmative defense involving the medical use of marijuana for any prosecution involving marijuana, changed to a bar to prosecution. The affirmative defense is problematic as no one gets charged with violating HRS 329 Medical use of Marijuana law, but instead they are charged with violating HRS 712 and thus do not even get to bring up in court that they are certified for the medical use of marijuana. A bar to prosecution is the protection afforded to prescribing physicians and is also appropriate for qualifying patients participating in and strictly complying with the medical use of marijuana program.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: britneal@live.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 11:43:22 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Neal	Individual	Support	No

Comments: I support SB 682. Offering medical cannabis patients the same rights as other individuals who have made different private decisions with their doctors concerning medication is long over due and a move in the right direction. This is a crucial step towards medical cannabis patients having equality under the law and discouraging the second class treatment of this community of people. I would like to see the the affirmative defense involving the medical use of marijuana for any prosecution involving marijuana, changed to a bar to prosecution. The affirmative defense is problematic as no one gets charged with violating HRS 329 Medical use of Marijuana law, but instead they are charged with violating HRS 712 and thus do not even get to bring up in court that they are certified for the medical use of marijuana. A bar to prosecution is the protection afforded to prescribing physicians and is also appropriate for qualifying patients participating in and strictly complying with the medical use of marijuana program.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lcaldwell12@live.com
Subject: *Submitted testimony for SB682 on Feb 18, 2015 13:30PM*
Date: Tuesday, February 17, 2015 11:55:26 AM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Larry Caldwell	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: hawaiicannabiscare@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 12:25:27 PM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Cannabis Care	Hawaii Cannabis Care	Support	Yes

Comments: We support this bill. We need more rights!!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: punarasta@gmail.com
Subject: Submitted testimony for SB682 on Feb 18, 2015 13:30PM
Date: Tuesday, February 17, 2015 12:32:50 PM

SB682

Submitted on: 2/17/2015

Testimony for HTH on Feb 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Rev. Nancy Harris	Sacred Truth Mission	Support	No

Comments: Aloha, I strongly support SB682, which guarantees certain civil rights for medical marijuana patients. Use of medical marijuana should be no more reason to discriminate against a person than use of a prescription drug, especially considering that marijuana has been ruled "one of the safest therapeutically active substances known to man" by the DEA's own Administrative Law Judge Francis L. Young. Please remember that a positive result on a urinalysis simply reflects that a patient has used his medicine within the last few weeks, and does not reflect impairment. If the State is going to permit the medical use of marijuana, it should protect the rights of those patients who need this medicine.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

TESTIMONY to: Senate Committee on Health

S. B. 682 Relating to Medical Marijuana: Patients and Caregivers; Protections

Wednesday, February 18, 2015

1:30 PM -- State Capitol Conference Room 414

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chair Josh Green, Vice-Chair Glenn Wakai and Committee Members:

1. **I most strongly OPPOSE S.B. 682.**

2. Contrary to the first paragraph of the bill, many people, especially **those who are aware of its harm, are NOT in favor the State's policy of legalizing "medical marijuana."** Many people are complacent about medical marijuana because they believe if something is legal, it must be safe. That is far from the truth. Many in favor were already using the drug and want its use legalized, one way or another.

3. Medical marijuana users indicate their need for that drug because their pain and nausea are great and they believe nothing else can ease their symptoms. That position has been highly contested by medical professionals. Healthline provides a very clear image of the impacts of marijuana on the body at the link [here](#). According to the [American Cancer Society](#) there are side effects that can result from using this type of drug: "There is still concern that marijuana may cause toxic side effects in some people, and any benefits must be carefully weighed against its potential risks. A number of reviewers have concluded that the scientific evidence does not support smoking marijuana as a medicine because of problems with dosing and the variable amounts of any one compound that might be delivered.

Inhaling or ingesting (eating or drinking) marijuana can cause a number of mental and emotional effects, including feelings of euphoria, short-term memory loss, difficulty in completing complex tasks, changes in the perception of time and space, sleepiness, anxiety, confusion, and inability to concentrate. Some people find the emotional and mental effects to be frightening, and a significant few have had problems like depression, paranoia, and hallucinations from marijuana or cannabinoid medicines. People who are prone to mental illness may have more serious mental and emotional effects from marijuana use.

Physical side effects include low blood pressure, fast heartbeat, dizziness, slow reaction time, and heart palpitations. Instances of serious heart problems are very rare.

Marijuana smoke contains many of the same carcinogens, or chemicals that can cause cancer, as tobacco smoke.

Studies have shown changes in the linings of the breathing passages in marijuana smokers. "

4. According to the American Cancer Society report linked above, there are alternatives to "medical marijuana". "There are chemically pure drugs based on marijuana compounds that have been approved in the US for medical use. The cannabinoid THC has been available by prescription as dronabinol in pill form since 1985. This drug is approved to treat nausea and vomiting caused by cancer chemotherapy as well as weight loss and poor appetite in patients with AIDS. A second drug, nabilone, is a synthetic cannabinoid that acts much like THC. It is also a prescription drug, and is approved to treat nausea and vomiting caused by cancer chemotherapy when other drugs have not worked. More recently, a mouth spray containing a whole plant extract containing THC and cannabidiol (CBD) called nabiximols has become available in Canada and parts of Europe to treat pain linked to cancer as well as muscle spasms and pain from multiple sclerosis. It is not yet approved in the US as of 2014, but it is being tested in clinical trials to see if it will help a number of conditions." Furthermore, many sources including [Time magazine reported](#) in 2012 that there is a marijuana variety that doesn't contain high levels of THC -- and therefore relieves pain without the negative side-effects (hallucinations/high).

5. It is very disturbing that this medical solutions can cause long term harm. The American Cancer Society warns: "One long term study suggests that chronic marijuana affects intelligence. Researchers tested brain function in over 1,000 13 year-olds and then followed up on them with interviews for 25 years, retesting them again at age 38. They found that those who used marijuana often had a decline in brain function, even after they controlled for education levels. People who started using marijuana as teens had the most notable effects, and those who used it chronically had greater declines in function. Stopping marijuana use did not fully restore brain function." The [National Institute on Drug Abuse reports](#) that marijuana is addictive and explains why the FDA has not approved medical marijuana as medicine. According to the linked report: "The FDA requires carefully conducted studies in large numbers of patients (hundreds to thousands) to accurately assess the benefits and risks of a potential medication. Thus far, there have not been enough large-scale clinical trials showing that benefits of the marijuana plant (as opposed to specific cannabinoid constituents) outweigh its risks in patients with the symptoms it is meant to treat." The [Shay Louise House](#) of South Australia clearly identifies problems and particularly the mental and emotional repercussions of marijuana use:

"THE FACTS:

75% of people in our Mental Health System are there because of drugs.

Marijuana is more addictive than heroin

Marijuana detox takes far longer than heroin detox.

The symptoms of marijuana detox can be just as severe as heroin.

Marijuana is a 'gateway' drug for youth. i.e. it does lead to the use of other drugs.

The MENTAL effects include:

Decreased motivation

Decreased ability to take in, process and use new information

Decreased long & short term memory recall

Increased appetite

Decreased self esteem

Decreased attention span

Drug induced psychosis

Paranoia

Schizophrenia

The EMOTIONAL effects include -

Depression

Anxiety

Confusion

Uncontrollable anger & aggression

75% of the people in our mental health system are there because of drug related psychosis. Young people are most at risk because they have not fully developed physically, emotionally or mentally."

6. Hawaii legislators should stop facilitating the use of medical marijuana since there are so many dangers for the marijuana user and everyone else exposed to users. This is especially important information since [Hawaii already has nearly 10%](#) of its population

using "medical marijuana." Exposing our residents to this experimental "medicine" that has so many dangerous side effects is irresponsible. Since people who use marijuana have more uncontrollable anger and aggression, student should not be exposed to people (teachers, administrators, other students) medicated with marijuana.

7. If you allow special accommodations to medical marijuana users and caregivers you will be endangering the safety and lives of many innocent people. It is not the medical marijuana users and caregivers who need more protections, it is the people who live around them that should be your concern. As mentioned, the impact on the safety of others and their private property must be considered. **Since it is well known that rational thinking can be degraded by marijuana use, the civil rights of employers, employees, landlords, patients, classmates, hospitals, medical laboratories, military personnel, aircraft personnel and flight ticket holders, etc, should be protected from the mental impairments of someone using medical marijuana.** As the American Cancer Society reports: " Driving, operating machinery, or hazardous activities that require clear thinking and good coordination are not recommended until the effects of THC-based drugs are known. People taking these drugs should be under the supervision of a responsible adult at all times when they start taking the medicine and after any dose changes." An employer or any other person who interacts with someone who chooses this form of medication should not be hampered in any way from restricting its use by employees or residents. In Oregon a landlord suffered significant damage when their tenants who were [legal medical marijuana users](#) took short cuts to grow their product. The [San Jose Mercury News](#) reported about the dangers of marijuana grow houses to neighborhoods and firefighters. As a free nation, an employer, landlord, patient. or rider on public transportation, (etc), should have the right to refuse to subject themselves to possible harm by someone who may not be mentally competent to make safe decisions at all times.

8. Roger Morgan, Exec Director, Coalition for A Drug - Free California [reported](#): " Marijuana is the illicit drug used most often (70%) by drivers who drove after drug use and is a major factor why motor vehicle crashes are the leading cause of death for American young people (NHTSA, 2000)" Unfortunately, innocent people are often hurt by drivers under the influence of marijuana. A drugged driving survey reports that people do not perceive impairment by marijuana use and this cavalier attitude may result in more danger to others. According to the [white paper](#): " The University of Michigan's Monitoring the Future Study (MTF) has been assessing substance abuse in American high school seniors since 1975. This research shows that the prevalence of driving after drinking or smoking cannabis in seniors is roughly the same in this high risk cohort. ... Between 2001 and 2006, 15.5% of high school seniors across the US drove after drinking alcohol while 14.1% reported driving at least once after smoking cannabis in the prior two weeks. A study of college-aged American youth showed that they perceived driving after cannabis use as more acceptable than driving after alcohol use. ... They also perceived that the negative consequences of driving after cannabis were less than those after drunk driving. Lower perceived danger and greater perceived peer acceptance of substance-related driving behaviors was associated with more frequent driving after using cannabis and/or alcohol."

9. Children must be protected from irresponsible parents and/or guardians whose judgment may be impaired by marijuana, even if it is prescribed by a doctor. According to a [USA Today article](#): " Emergency room doctors are treating more small children for accidental overdoses of marijuana, says Kathryn Wells, president of the Colorado chapter of the American Academy of Pediatrics. Doctors at Children's Hospital Colorado in Aurora have treated 12 children for marijuana overdoses just since January, when recreational use became legal in Colorado. Doctors treated eight children in all of 2013." There are numerous reports of children being exposed to the drugs when they are in the home, either intentionally as the incident [here](#), or accidentally as reported [here](#) and [here](#).

10. It is [documented](#) that second hand marijuana smoke is dangerous, however, it appears this law makes it easier to smoke a cigarette. In a [study](#) it was found, "Rats in previous tobacco studies tended to regain normal blood vessel function within 30 minutes of exposure. But in the marijuana study, blood vessel function hadn't returned to normal when measured 40 minutes after exposure." Hawaii residents must be protected from this type of second hand smoke.

11. To protect the population that are not on medical marijuana, perhaps restrictions on where the medication can be used. For example, prescribing doctors/hospitals should provide a well ventilated room available 24/7 where their patients can take their medication without affecting other people/children. Then if the patient has one of the known reactions (increased blood pressure/heart attack etc), they are near medical assistance. If this were implemented, the issue of "dispensaries" would not be an issue except in the instances for patients that are completely bedridden.

12. Please keep in mind that the civil rights of one segment of a population should not supersede the civil rights of others. **We all have the right to be safe from others.**

13. **Do not pass S.B. 682 out of committee.** It would negatively impact the safety of Hawaii residents.